PTO/SB/06 (08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI: RATE ADDI-**AFTER EXTRA** PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE ENDME FEE Total (37 CFR 1,16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 2) (Column 1) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE 竝 Total (37 CFR 1.16(c)) Minus OR independent (37 CFR 1,16(b)) Minus Ψ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENDMENT **AFTER** PREVIOUSLY. **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) TOTAL TOTAL ADD'L FEE ADD'L FEE OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time with vary depending upon the midividual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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1 11						Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 09 667, 723										
CLAIMS AS FILED - PART I SMALL ENTITY OTHE									R THAN	
(Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA					PE 🗀	OR		ENTITY		
The state of the s					RA	4]	RATE	FEE	
BASIC FEE		1000			345.00	OR	2.0	690.00		
TOTAL CLAIMS 28 minus 20=					X\$	9=	OR	X\$18=	139	
NDEPENDENT CLAIMS (0) minus 3 = ' 7			Х3	9=		V70	546	
MULTIPLE DEPENDENT CLAIM PRESENT							OR	-	700	
* If the difference in column 1 is less than zero, enter *0" in column 2				column 2	+13		OR	+260=		
						AL	JOR		1350	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						LL ENTITY	OR	OTHER		
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AFTER AMENDMENT PAID FOR EXTRA Total • 28 Minus • 28 Independent • D Minus • 10 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII					X39)=	OB.	X78=		
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	OA	X78,=		
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(Column 1) (Column 2) (Column 3)										
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	NOMENT		PREVIOUSLY PAID FOR	EXTRA	RAT	E TIONAL FEE		RATE	TIONAL _FEE	
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Independent •		Minus	10	=	X39	-1 1		X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ÓR			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							OR	+260=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE OR ADDIT. FEE										
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